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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: Examiner Melanie M. Vida
U.S. Patent and Trademark Office
Group Art Unit 2626

DATE: July 21, 2004

FROM: John P. Scherlacher
Voice: (213) 337-6846
Fax: (213) 337-6701
jpscherlacher@hhlaw.com

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TOTAL NO. OF PAGES, INCLUDING COVER: 35

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MESSAGE:

RE: U.S. Patent Application Serial No. 09/488,469 filed January 20, 2000
Applicant: Yoshiharu KONISHI, et al.; For: IMAGE FORMING METHOD AND DEVICE

-- John P. Scherlacher, Reg. No. 23,009
Direct Phone No. (213) 337-6846

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TELECOPY/FAX NUMBER: (703) 872-9306

CLIENT NUMBER: 81752.0023

ATTORNEY BILLING NUMBER: 71931

CONFIRMATION NUMBER: (703) 306-4220

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S.N. 09/488,469 File No. 5317-20052/81752.0023 Date Mailed 07/21/04 By: JPS/rm

Title: IMAGE FORMING METHOD AND DEVICE

(Client Name) Seiko Epson Corporation - SHN

The Following, due 08/07/04 in the U.S. Patent & Trademark Office Via Fax and Mail
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- ☒ Response To Final Office Action
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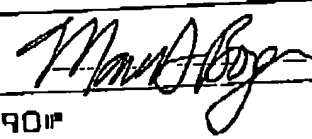
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FORM PTO-1083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshiharu KONISHI et al.
Serial No: 09/488,469
Filed: January 20, 2000
For: IMAGE FORMING METHOD AND DEVICE

Art Unit: 2626
Examiner: Melanie M. Vida

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this paper and every paper referred to herein is being transmitted via facsimile to recipient at (703) 872-9308 on:
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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-20	25	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	3	0	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145
						TOTAL \$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$110.00 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: John P. Scherlacher
Registration No. 23,009
Attorney for Applicant(s)

Date: July 21, 2004

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701